



STATE OF MARYLAND

DMMH

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August 30, 2012

Public Health & Emergency Preparedness Bulletin: # 2012:34 Reporting for the week ending 08/25/12 (MMWR Week #34)

CURRENT HOMELAND SECURITY THREAT LEVELS

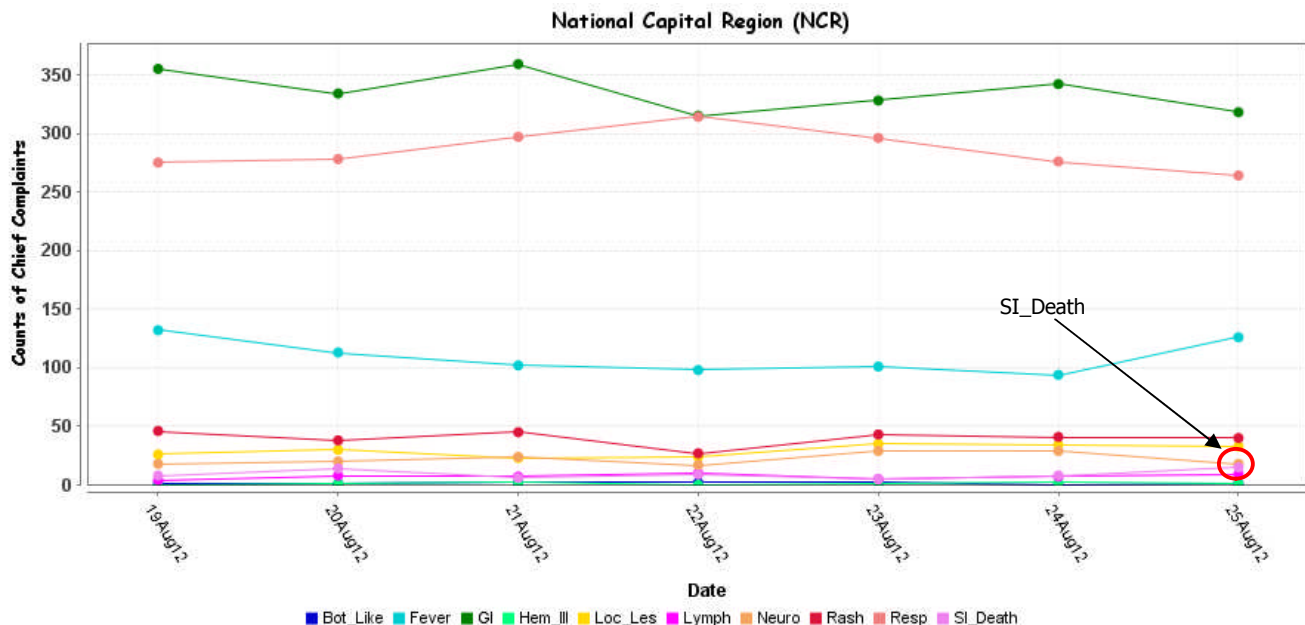
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

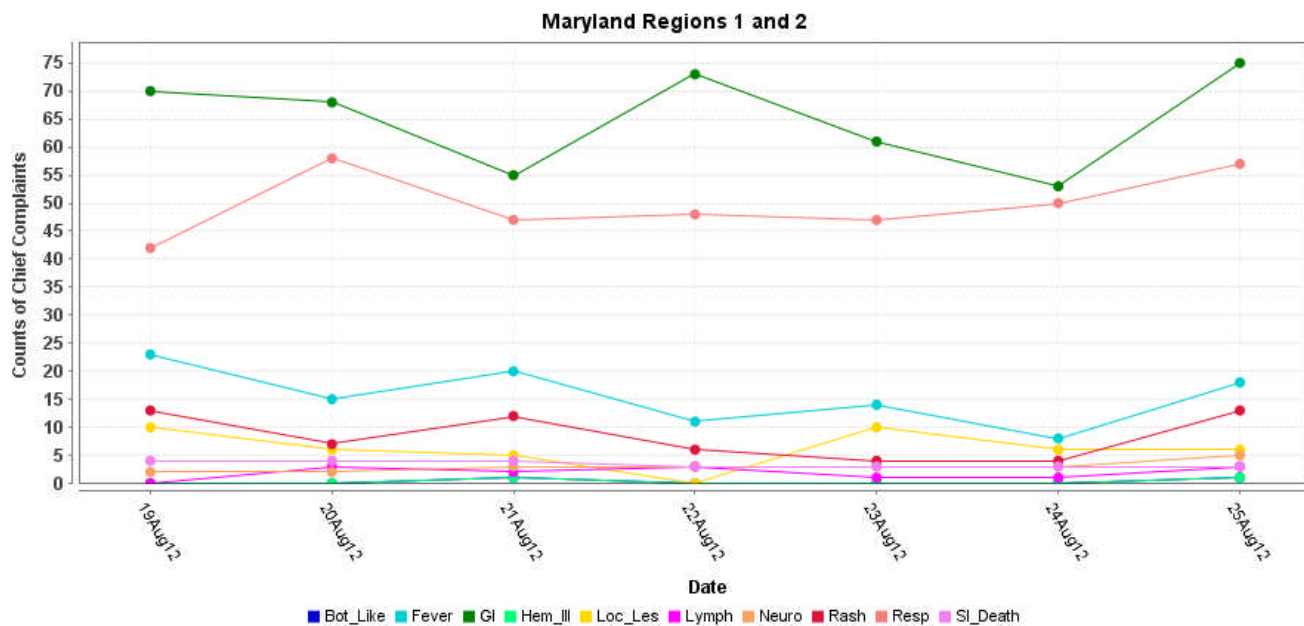
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

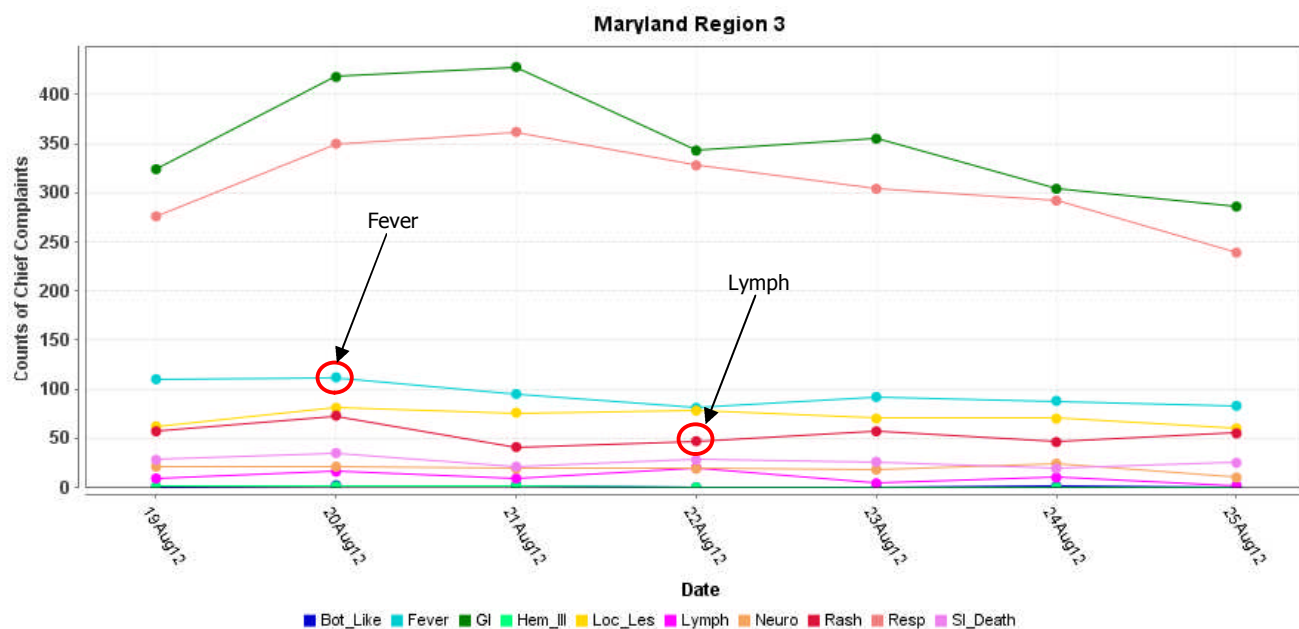


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

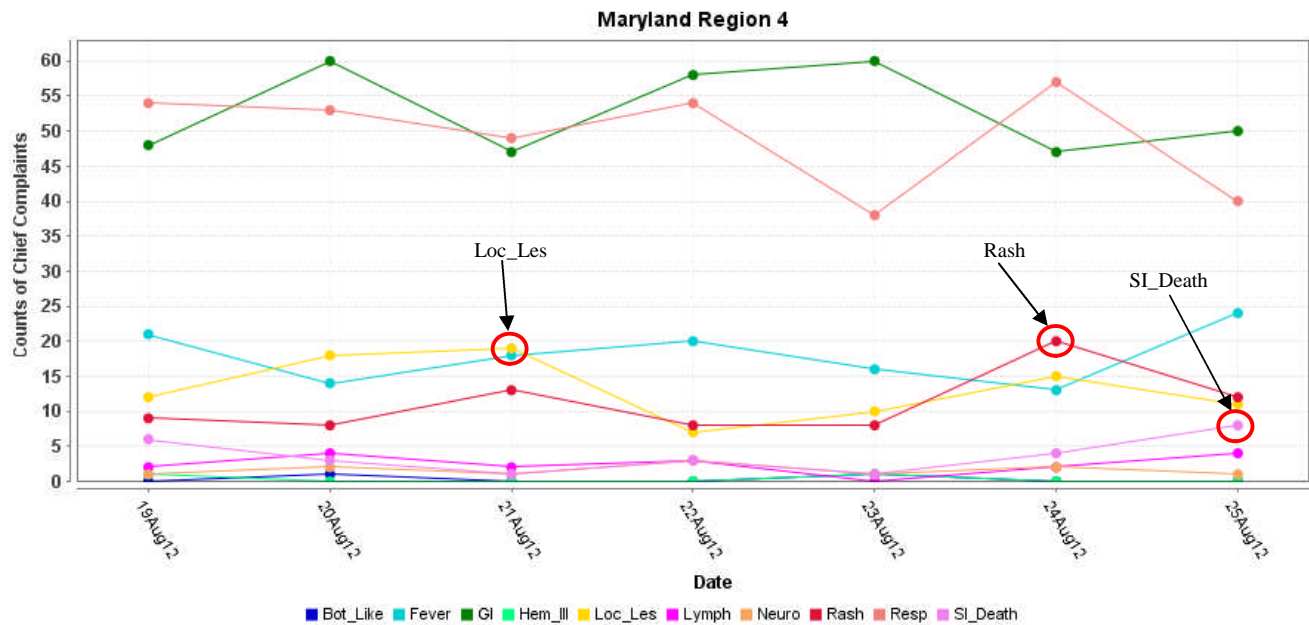
MARYLAND ESSENCE:



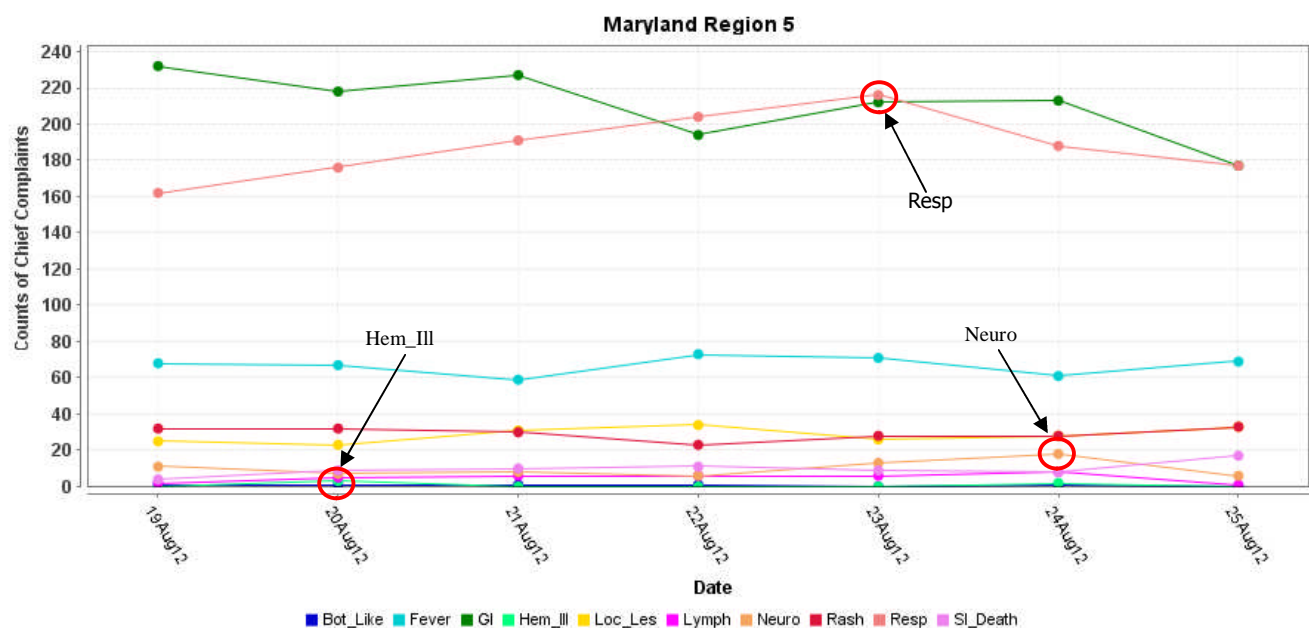
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

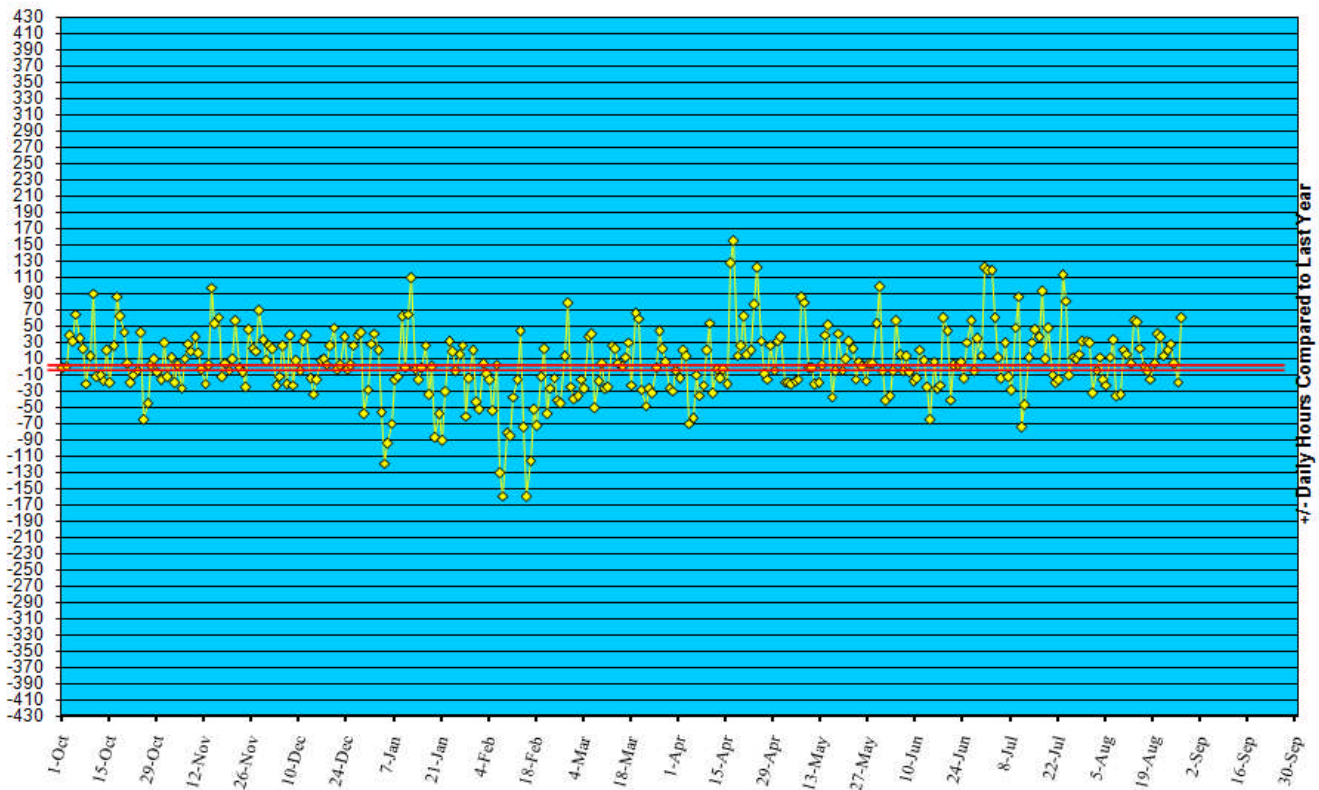


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '11 to August 25, '12



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (August 19 – August 25, 2012):	22	0
Prior week (August 12 – August 18, 2012):	21	0
Week#34, 2011 (August 21 – August 27, 2011):	16	0

4 outbreaks were reported to DHMH during MMWR Week 34 (August 19-25, 2012)

1 Foodborne outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

2 Respiratory illness outbreaks

1 outbreak of AFRD/PNEUMONIA in a Nursing Home

1 outbreak of PNEUMONIA in a Nursing Home

1 Rash illness outbreak

1 outbreak of SCABIES in a Hospital

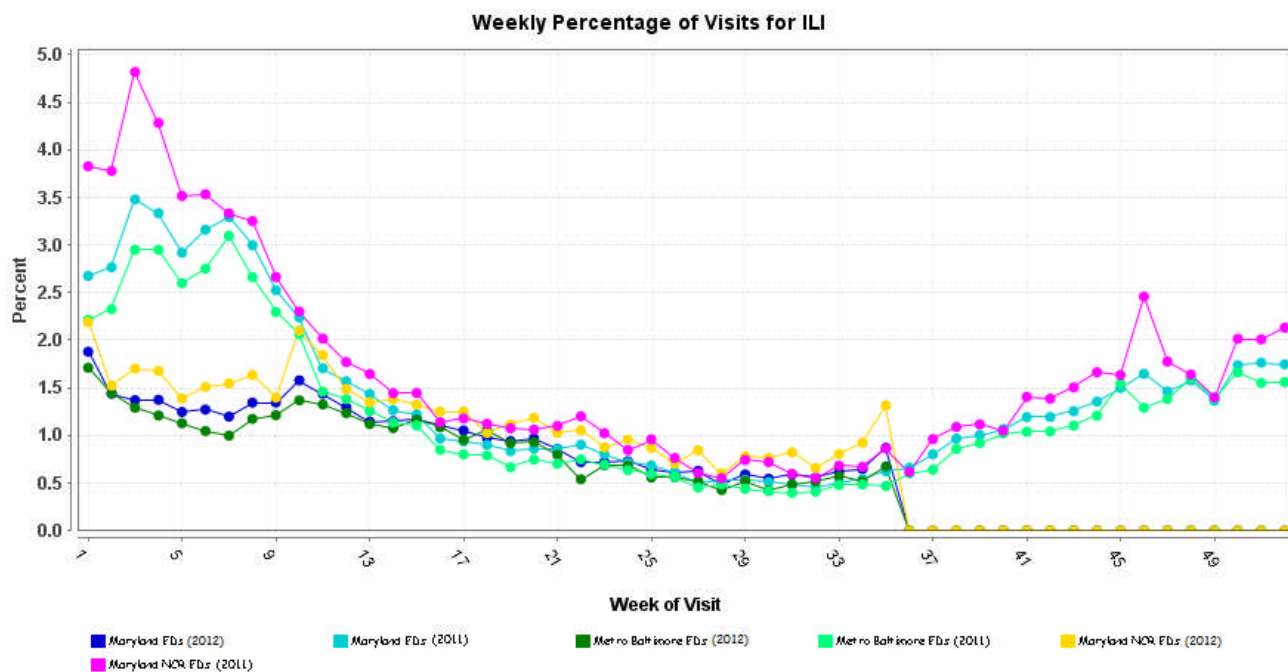
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

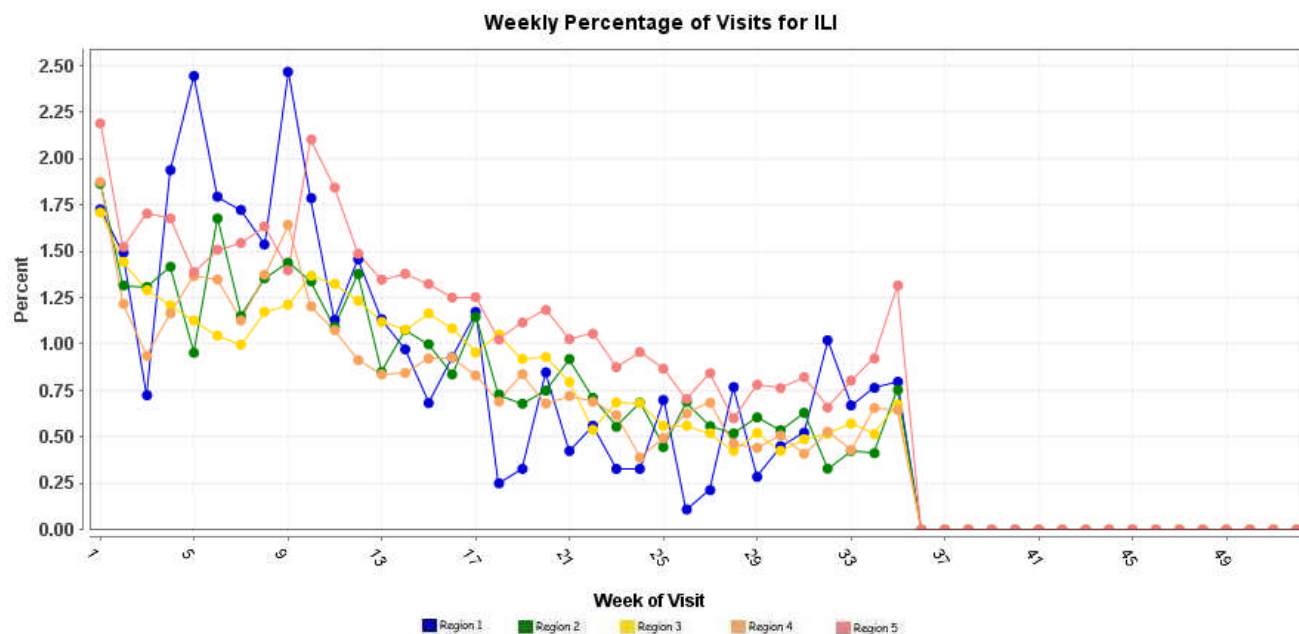
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



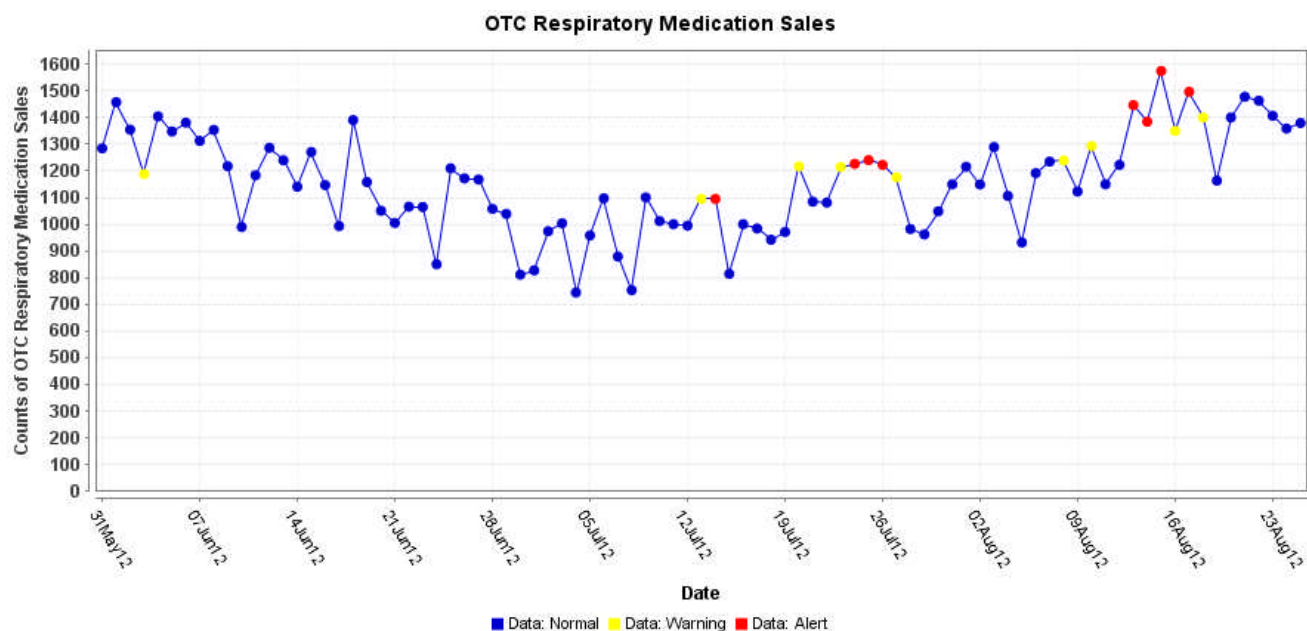
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of August 10, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 608, of which 359 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (INDONESIA): 10 July 2012, The Ministry of Health of Indonesia has notified the WHO of a new case of human infection with avian influenza A (H5N1) virus. The case is a 37-year-old male from Yogyakarta province. He developed fever on 24 Jul 2012, was hospitalized on 27 Jul 2012 and died on Mon 30 Jul 2012. Epidemiological investigation on the case found that the case had 4 pet caged birds in his home, which is about 50 metres [54.6 yards] from a poultry slaughter house and near a farm. Infection with avian influenza A(H5N1) virus was confirmed by the National Institute of Health Research and Development (NIHRD), Ministry of Health and reported to WHO by the National IHR Focal Point. To date, the total number of human influenza A(H5N1) cases in Indonesia is 191 with 159 fatalities, 8 (all fatal) of which occurred in 2012.

NATIONAL DISEASE REPORTS*

SALMONELLOSIS (MINNESOTA): 23 August 2012, A meat market in Detroit Lakes is voluntarily recalling packages of turkey jerky after 4 people fell ill with salmonellosis. The Minnesota Department of Agriculture joined the store, Hoffman Town & Country Meat Market, in issuing a consumer advisory about the product on Thu 23 Aug 2012. All 4 patients reported eating turkey jerky before they became sick from salmonella bacteria in the 1st week in August 2012, according to a statement. One person was hospitalized, but all have since recovered, according to the Minnesota Department of Health. Officials said the market is recalling all of the product sold on or before Tue 21 Aug 2012. The whole muscle turkey jerky, which was sold wrapped in white butcher paper, can be returned for a full refund. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (ARKANSAS): 23 August 2012, Officials say an illness that sickened more than 350 inmates at an Arkansas maximum-security prison was caused by chicken contaminated with salmonellae. The Arkansas Department of Health says testing confirmed the presence of the bacteria. Inmates at the Arkansas Department of Correction's Tucker Unit were served chicken salad on 4 Aug 2012 and hundreds fell ill with nausea and diarrhea afterward. Correction department spokeswoman Shea Wilson says footage from security cameras shows the chicken was cooked for 3 hours. Wilson tells the Arkansas Democrat-Gazette, however, that the chicken may have been left out for too long after it was cooked. The chicken salad was prepared by inmates. Wilson says all of the inmates and 2 ill employees have recovered from their symptoms. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (ILLINOIS): 22 August 2012, A downtown Chicago hotel is spreading the message to recent guests that they may have been exposed to a bacterium that causes respiratory infections. 3 recent cases of a fast-spreading, sometimes fatal disease have been traced to the JW Marriott hotel at 151 W. Adams St., the Chicago Sun-Times reports. The bacteria, *Legionella*, spreads through the inhalation of contaminated water vapor, and can cause Legionnaire's disease, a severe form of pneumonia, Fox Chicago reports. Symptoms include headache, chills, chest pain and fever. The disease often mirrors regular pneumonia, and can only be confirmed by a urine test, infectious disease expert Dr. John Segreti told CBS Chicago. [The diagnosis of Legionnaire's disease can also be confirmed by culture or PCR of respiratory secretions and serology, in addition to the Legionella urinary antigen test.] Dr. Kathy Ritger with the Department of Public Health told WBEZ that not all exposures lead to illness, but any recent guests experiencing respiratory problems should seek medical attention. A hotline has been set up by Chicago Department of Public Health to answer questions from people who may have been exposed, according to ABC Chicago. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI (NEW YORK): 21 August 2012, A total of 7 cases of *E. coli* were confirmed in Livingston County Mon 20 Aug 2012 a public health official said. Joan Ellison, public health director, said the county health department is currently investigating the cases. She declined to say where the cases were located and if they were concentrated in a specific area of the county. "We are in the process of conducting an investigation to determine the cause of the outbreak," she said. The 1st onset of symptoms was reported 6 Aug 2012 and the county is still seeing more positive test results, she said. 2 people are currently in the hospital and 2 were released from the hospital last week in connection with the outbreak. "Part of the investigation is to see if there are connections between cases," she said. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

EBOLA HEMORRHAGIC FEVER (UGANDA): 24 August 2012, Another person has succumbed to Ebola virus disease after a long battle with the deadly fever at the isolation facility at Kagadi government hospital in Kibaale district. This brings the total number of people who have died of the deadly disease to 17. The deceased's identity has however been withheld by the Health Ministry. The Ministry's public relations officer Rukia Nakamatte says since [the patient's admission] to the isolation camp her condition had never improved and her chances of survival were minimal. Nakamatte adds that the deceased was HIV-positive and by the time she contracted Ebola virus disease she had just had an abortion thus making her immune system very weak. She says now only one Ebola virus disease patient remains admitted at the isolation facility. Nakamatte adds that 3 suspected Ebola virus disease cases are currently undergoing monitoring and their samples have already been taken to the Uganda Virus Research Institute for tests. (Viral Hemorrhagic Fevers

are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLA (CANADA): 24 August 2012, The Canadian Food Inspection Agency (CFIA) and North American Produce Sales are warning the public not to consume the Daniella brand Mangoes described below because they may be contaminated with *Salmonella Braenderup*. The affected Daniella brand Mangoes, product of Mexico, were sold as individual fruit with a sticker bearing PLU# 4959 and other information. These mangoes were sold at various retail stores between 12 Jul 2012 and 14 Aug 2012. Consumers are advised to contact the retailer to find out if you have the affected mangoes. If you have illness symptoms or any health concerns possibly associated with these mangoes, please contact your family doctor. These mangoes may have been distributed in British Columbia, Alberta, Saskatchewan, Manitoba, Northwest Territories, Nunavut and Yukon. There have been several confirmed illnesses associated with the consumption of these mangoes. The importer, North American Produce Sales, Vancouver, BC is voluntarily recalling the affected mangoes from the marketplace. The CFIA is monitoring the effectiveness of the recall. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

GASTROENTERITIS (NEW ZEALAND): 24 August 2012, Residents in a small rural Canterbury town have been struck down with gastroenteritis after drinking contaminated water. More than 110 cases have been recorded at Darfield Medical Centre, one week after Selwyn District Council issued a boil-water notice after *Escherichia coli* was found in the Waimakariri River. 6 of the notifications have already been confirmed as *Campylobacter*, a food and waterborne disease that causes vomiting and diarrhea. The council has since fixed its deep underground bore system, and water supplies were declared safe to drink on 21 Aug 2012. Canterbury Medical Officer of Health, Dr Alistair Humphrey says gastroenteritis can easily spread from one person to another. Dr. Humphrey says people with gastroenteritis need to rest and keep well hydrated. "It is helpful to have small sips often, every 5 to 10 minutes. Even if the patient is vomiting they are still likely to absorb some water. After 12-24 hours and if vomiting has stopped, patients should try eating small amounts of food." He advised people to be vigilant in washing their hands to avoid it spreading, and for patients to stay away from school or work. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (CANADA): 23 August 2012, The death toll in Quebec City from Legionnaires' disease has increased to six, with the number of people affected now listed at 65. The latest cases were reported Thursday [23 Aug 2012] by public health authorities. "We're very worried by the current situation," said Francois Desbiens, director of public health for the Quebec City region. "It's the biggest outbreak of Legionnaires' that Canada has seen in years." The number of reported deaths has doubled, from three, in a few days. However, officials expressed hope that things might soon improve. They said thorough inspections have been completed in 28 buildings in two different neighborhoods, near the provincial legislature. The process of checking, and cleaning, the cooling towers in those areas was supposed to have been completed Friday but it ended faster than scheduled. "We disinfected and cleaned all the towers simultaneously," Desbiens said. "We should be able to see the situation correct itself in five to six or seven days. I'm making that estimate because the incubation period is two to five days. It is very possible that we will have other cases of Legionnaires' disease (Friday), Saturday, Sunday, Monday and Tuesday. These would be people who were contaminated before we managed to disinfect the towers." The bacteria grows in stagnant water in the cooling units used in large buildings before circulating in the air-conditioning system. It then passes into the air as fine droplets. Inhalation of the droplets is generally not a problem for people in good health but it can affect heavy smokers or those with weakened immune systems. Symptoms include a high fever and breathing problems. Authorities say there are usually two or three cases of legionnaires' disease every year. They still do not know which building is the origin of the outbreak, although they expect to have a better idea within a month from samples taken in recent days. The municipal government expressed dismay over the cleaning standards in some of the buildings. "We saw it all" during inspections, said Chantale Giguere, assistant director general for public security in Quebec City. She said she wants to see a provincial law that would force building owners to better maintain cooling towers. Mayor Regis Labeaume, who was on holiday, said he was returning early and was expected to meet with reporters Friday morning. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (BRAZIL): 23 August 2012, The Sao Paulo State Secretariat of Health, through its Sanitary Surveillance Center, issued recalls of lot 1E0712 of Estrela brand mortadella [an Italian cured sausage] and of lot 300437 of Quero brand pickled green corn. The measure was published in the Thu 23 Aug 2012 edition of the State Official Gazette. With the recalls, the lots may not be marketed in the State of Sao Paulo in Brazil. The Sanitary Surveillance Center made its determination after the notification of 4 suspected cases of botulism in Santa Fe do Sul, in the region of Sao Jose do Rio Preto, Sao Paulo State. The last record of the disease in the State of Sao Paulo was in 2009. Since 1997, when botulism became a notifiable disease, Sao Paulo has recorded 22 cases, including 5 deaths. The precautionary recalls will remain in effect until results of the tests on samples of both products sent to the Adolfo Lutz Institute are received. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (SPAIN): 22 August 2012, Sources from the Health Secretariat stated that the Murcia local police are investigating what happened at a meeting of persons of Ecuadorian nationality held last week [15 Aug 2012] in the La Fica fairgrounds, on the occasion of the celebration of the day of the Virgin of the Swan. Up to 82 individuals suffered from food poisoning and were seen at the Virgin of la Arrixaca, Morales Meseguer, and Reina Sofia hospitals. 13 people remain in hospital although their condition is not serious. The incident occurred last Wed 15 Aug 2012 during a meeting of Ecuadorian people at the La Fica fairgrounds, who became ill after eating beef kebabs with mayonnaise. The appropriate inspections were carried out and an epidemiological survey was conducted among those affected, who presented with fever, diarrhea, vomiting, and nausea. It was determined that the food in question, which had provoked this situation, was the mayonnaise served with the beef kebabs. According to the incubation period and symptoms, the health department determined that salmonella bacteria had caused the illness and the diagnosis was confirmed after positive culture of fecal samples. The Murcia City Council, together with the local police and Consumer Department, established surveillance in the area to prevent the street vending of this and other products. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable